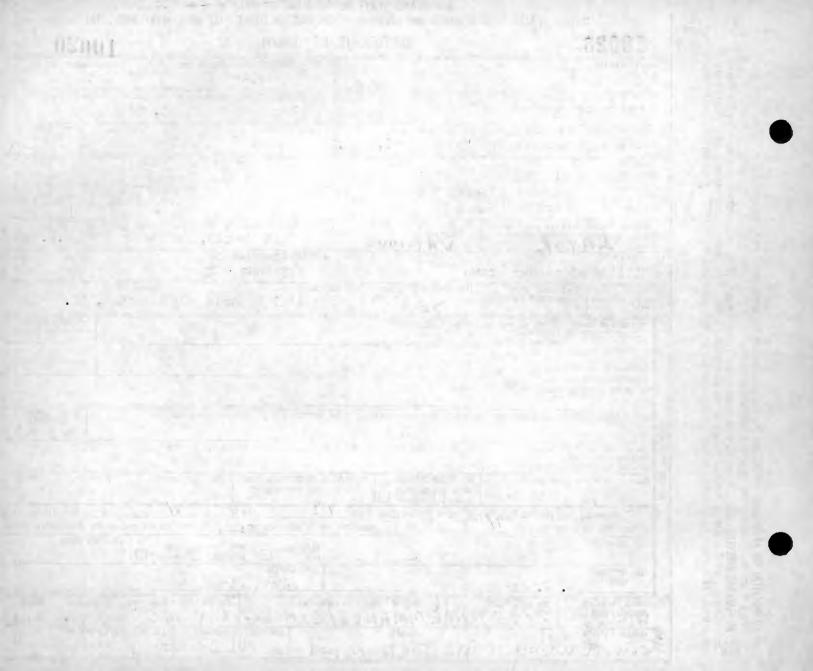
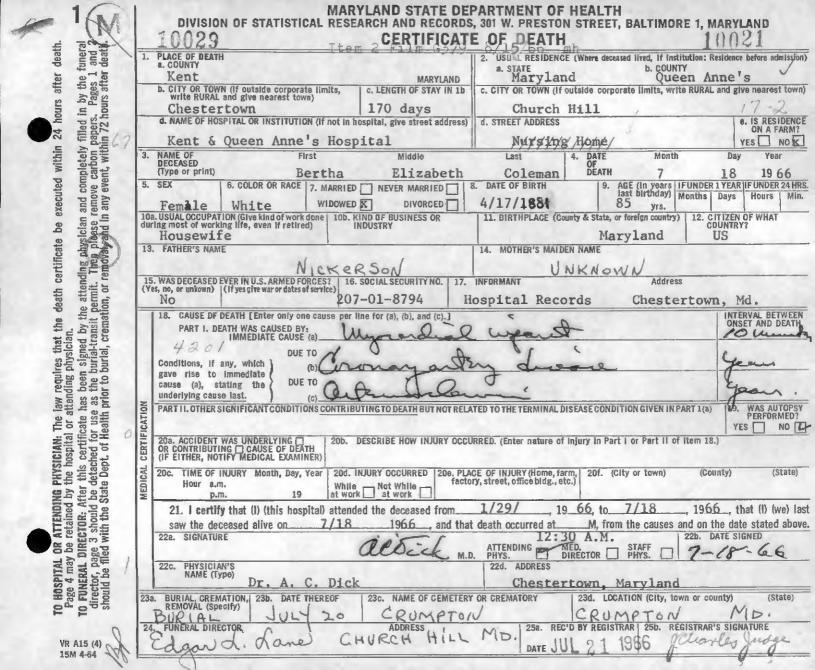
MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10028 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) one completely filled in by the funeral femove carbon papers. Pages I and femove carbon papers. Pages I and in any event, within 72 haurs after dept o. STATE Maryland o. COUNTY b. COUNTY MARYLAND E LENGTH OF STAY IN Th c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) Rt. 4 days Chestertown d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? The Kent & Queen Anne's Hospital, Inc. YES NO DE Middle NAME OF 4. DATE OF Year Eirst Manth Day DECEASED Alexander Brown William DEATH Type or print any ever 9. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS S. SFX 6. COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED last birthdov Months Dovs Hours 12/2/ 1985 Negro Male WIDOWED 10g. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT TOP KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY ?[] S. during most of working life, even if retired) Kent County, Maryland puo 10US 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME buriol, cremation, or removal, Mary Anna Murray William Alexander Brown 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no-prunknawn) (If yes give war ar dates af service) Hospital Records Chestertown, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the buriol-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the haspital or ottending physician. DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying cause O FUNERAL DIRECTOR: After this certificate has been as the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? CERTIFICATION use NO avcinoma jo 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (State) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Doy, Year factory, street, affice blda., etc.) Not While at work Poge 4 moy be retoined by 1966 ta . 1900, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram\_ and that deoth occurred obeast M, fram causes and an the date stoted above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Chestertown Keefe should NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) 23o. BURIAL, CREMATION, REMOVAL (Specify) ChasTayour, Md 25g. REOD BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 28 1966 eR

MARYLAND STATE DEPARTMENT OF HEALTH





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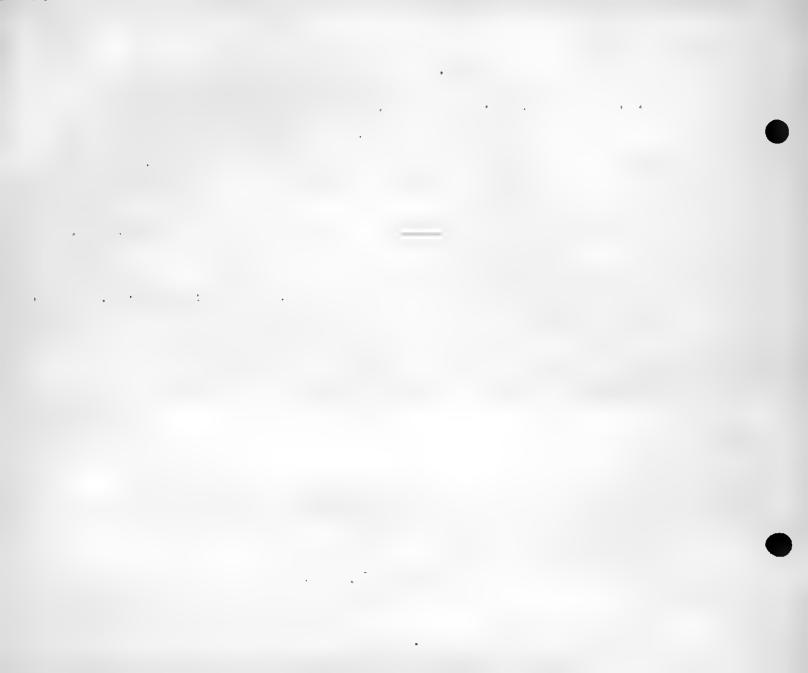
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Kent Maryland Caroline and completely filled in by the emove carbon papers. Pages 1 any event, within 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Preston - Rural Rock Hall - Rural 15 days e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STRFET ADDRESS ON A FARM? Pinev Neck YES X NO executed within 3. NAME DE DATE Month Day Year First Middle Last DECEASED 1966 Eli jah Jester Frampton July (Type or print) DEATH 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. MARRIED NEVER MARRIED last birthday) Months Hours Male White January 1, WIDOWED DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR LINDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) The law requires that the death certificate be COUNTRY? Retired Farmer Farming Caroline Co. . Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ed by the attending transit permit. The cremation, or remo Charles Frampton Frances Jester 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes. 150, or unknwn) I (If yes nive war or dates of service) 217-54-5329 Mrs. J. Abner Bryden, Rock Hall, Md., RFD INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cereburascular acaident. Christio vasen or attending physician. DUE-TO Conditions, If any, which gave rise to immediate DUE TO (a), stating the prior underlying cause last certificate has SE WAS AUTOPSY PERFORMED? CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health NO DE YES 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) detached for Dept. of F DIRECTOR: After this cage 3 should be detach MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work retained - 30-63 21. I certify that (I) (this hospital) attended the deceased from. 19 and that death occurred a8:15 PM, from the causes and on the date stated above. 1966 saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE pe director, page should be filed ATTENDING PHYS. MED. DIRECTOR M.D. Page 4 may D FUNERAL D ADDRESS PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF Near Preston, Maryland 1966 Union Grove Cemetery Burial July 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Framptom, and Son, Federalsburg, Maryland 1966 VR A15 (4) 15M 4-64

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1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	10031 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10023
HEALTH DEPT	1. PLACE OF DEATH a. COUNTY Kent  2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Kent
the funeral the funeral 5 may be Department	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
s neces o the fu 5 ma Depart	Chestertown (Several Years)   Rural Chestertown,
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)  At Home Manor Shores Farm (Rural)  Manor Shores Farm  On a Farm?  YES NO
any delay N 2, and 3 to PM3. Page h the State n 72 hours	3. NAME OF DECEASED (Type or print) Alice Worth Geddes   4. DATE Month 1966 19
th. If all form P form P within within	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In yeers   IFUNDER 1 YEAR   IFUNDER 24 HRS.   last birthday)   1   1   1   1   1   1   1   1   1
ter dea Give Pa g with and	10a. USUAL OCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY  HOUSEWIFE  11. BIRTHPLACE (State or foreign country) Country?  USA  12. CITIZEN OF WHAT COUNTRY?  USA
hours at 18.	13. FATHER'S NAME William Penn Worth  14. MOTHER'S MAIDEN NAME Caroline Hallowell
hin 24 ho sil in Iten r's Office nit. File oval, and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) none   17. INFORMANT   West Farm Greenville, Del.
ALEXAMINER: This certificate should be executed within 24 hours after death. If the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form riles.  510R: Page 3 should be used as a burial-transit permit. File pages and a suith designated agent, prior to burial, cremation, or removal, and the angle within	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: Arteriosclerotic cardio-vascular disease    H22/   DUE TO Died 7:15 PM while eating dinner. Inspection yrs.    Conditions, if any, which gave rise to immediate cause (a)   DUE TO a large amount of food in the lower pharynx. The
should Word " Chief A as a bu rial, cre	underlying cause last. ) larynx could not be accurately seen. It is my feeling
ificate shoul g the word to the Chief e used as a r to burial,	PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PARTIL OTHER SIGNIFICANT CONTRIBUTION GIVEN GI
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NER: This ficate, wr be forward ge 3 should agent, I	7:15 p.m. 7/11 19 66 While of work of the Home Tural Chestertown Kent Md
the certificathe certificathe should be refles.	21. I certify that I took charge of the remains described above, held an Autopsy, inspection X, inquiry, and in my opinion death resulted from: Natural causes X, Accident, Suicide, Homicide, Undetermined manner
8 4 = = .	CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   22. DATE SIGNED
Y ME Pag for for h or	SIGNATURE ROBERT W. Farr  EXAMINER'S Chestertown - Kent Co. Md.  Address (Street, city, town, or county)  7/11/66
TO DEPUTY please en director. retained TO FUNERA of Health	Burial (Cremation, 23b. Date thereof Romansville Cem. 23c. Name of Cemetery or Crematory Romansville, Penna. (State)
VR A15ME 3500 4-64	24. FUNERAL DIRECTOR  Chestertown, Md. 25a. REC'D BY REGISTRAR 25b. REC'D BY REGISTRAR'S SIGNATURE DATE.

An about I grand relies relies by the bir board to opported busines and analysis distributed to orner ranks rement at the Los ! In the Prince of State of the realization in at the range pictures as some bules agreed containment cand syml when to better out a Armed Annual and a later of result in the state of the st

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Kent b. COUNTY County. Maryland Kent MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) papers. Pag hin 72 hours R Write FURAL, and give nearest town. Chestertown, Maryland vrs. Ξ. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 8. IS RESIDENCÉ filled ON A FARM? within At the home of Mrs. Dorothy Freeman Queen Street YES NOTE executed within completely carbon NAME OF DECEASED First Middle Last DATE Day Month 1966 C. Gilbert (Type or print) Ellen DEATH DATE OF BIRTH 1887 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. remove 7. MARRIED NEVER MARRIED Jast birthday) Months | Days in any and Female Colored WIDOWEDT DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT Kent County, Maryland U. S. A. 10b. KIND OF BUSINESS OR y sician þe lease and in during most of working life, even if retired) INDUSTRY Kent County, Maryland Housewife The law requires that the leath certificate 75 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending or ermit. Then p remova William Commonore Eliza Unk. 713 Sharp St 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the attent the burial-transit mermit. In to burial, cremation, or (Yes, pp. or unkown) [(If yes give war or dates of service) Baltimore.Md. None Mrs.Beatrice Burce 18. CAUSE OF DEATH (Enter only one cause pen line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY-D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that ti Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. After this certificate has do be detached for use as State Dept. of Health price (c) WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? ND [ 208. ACCIDENT WAS UNDERLYING TO DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY DCCURRED, (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 120e. PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 3 should with the S 21. I certify that (I) (this hospital) attended the deceased from. DIRECTOR: and that death occurred at 2 PM, from the causes and on the date stated above. 1966 saw the deceased alive on 22b. DATE SIGNED ATTENDING MED. STAFF PHYS. DIRECTOR \_\_ O FUNERAL | director, pa should be fil PHYSICIAN'S 22d. ADDRESS NAME (Type) Nitsch Rock Hall. Norbert NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. REMOVAL (Specify) 1966 Janes Chestertown, Maryland Burial Cemeterv 252. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS Chestertown, Md.



(IV:	DIVISION OF STATIST	MAR ICAL RESE		S, 301 W. PRESTO	ON STREET	H I, BALTIMOR	E 1, MARYL	AND.
	76633		CERTIFICAT	TE OF DEAT	H		1111	20
1	PLACE OF DEATH a. COUNTY			2. USUAL RESIDEN	CE (Where dece	ased lived, If insti- b. COUNT		before admission
_	KENT		MARYLAND	MAR NAR	YLAND	D, COUNT	KENT	
	b. CITY OR TOWN (if outside corpor write RURAL and give nearest to	ate limits,	C. LENGTH OF STAY IN 15	c. CITY OR TOWN (I	f outside corp	orate limits, write		
	CHESTERTCAN		10 DAYS	PILEY NECK		HALL	14	
	d. NAME OF HOSPITAL OR INSTITUT			d. STREET ADDRESS			θ.	ON A FARM?
	KENT-QUELN ANNES							ES NO V
1	NAME DF DECEASED (Type or print) ESTELLE	First	RESA HOWART	Last	4. DATE DF	Month	Day	Year
5.			NEVER MARRIED	8. DATE OF BIRTH	DEATH 9.	7 AGE (In years) II	4	19 66 FUNDER 24 HBS
	Ta lar	WIDOWED		, ,	31	last birthday)	onths Days	Hours   Min.
	Da, USUAL OCCUPATION (Give kind of wor	kdonel 10b. K	IND OF BUSINESS OR	4/6/1894 11. BIRTHPLACE (	County & State.	72 yrs.   or foreign country)	12. CITIZEN C	F WHAT
d	uring most of working life, even if retire HOUSEWIFE	ed) li	NDUSTRY	PENNSY			COUNTRY	
1	3. FATHER'S NAME			14. MOTHER'S MAI			AMER	
	BERNARD CALLAR	HAN (D)		ROSE	BRADLEY	(D)		
	5. WAS DECEASED EVER IN U.S. ARMED F	ORCES? 1 16.	SOCIAL SECURITY NO.   17	INFORMANT	DIMPLE :	Address		
•	NO NO CHINANTO (11 yes give war of dates		0-28-4656	HOSPITAL RE	CORDS	CHESTER	TOWN. M.	j
	18. CAUSE DF DEATH [Enter only o	ne cause per l	ine for (a), (b), and (c).]	/			INTER	VAL RETWEEN
	PART 1. DEATH WAS CAUSED B	Y: E (a).	PRICRIOSCIERO	Fie MARDIOU	ASC DIS	SEASE-	Stroke UNSE	Solice S
		E TO	2 / /	// 7	_		11	
	Conditions, if any, which gave rise to immediate	(b) /	THOETES	mellet	15		40	alo.
	cause (a), stating the	E TO					Y	
2	underlying cause last.	(c)						WAS SUTOSON
ATE	PART II. OTHER SIGNIFICANT CONDIT		HIMAL BIE					WAS AUTOPSY PERFORMED?
SCITACITICATION	2Da. ACCIDENT WAS LINDERLYING O		DESCRIBE HOW INJURY OCC					No No
	2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH INER)	The state of the s	COUNTRY TENTOS HERMIO C	. MINIT III COI	t TOT FAILTED!	INDIN AVIJ	
20 CA N		1	NJURY OCCURRED   20e. PL	ACE OF INJURY (Home, f	arm, 20f. (0	(Ity or town)	(County)	(State)
-	Hour a.m. p.m. 19	While	Not While fac	tory, street, office bldg.,	etc.)			, ,
	21. I certify that (I) (this hos			6/24 1	9,56, to	7/4	, 19 66, tha	ot (I) (week lact
	saw the deceased alive on			at death occurred at.		n the causes ar	nd on the date	stated above.
	22a. SIGNATURE	6		1 1			22b. DATE SIG	NED
	d-tau	cent	KOCKS M		MED. DIRECTOR	STAFF PHYS.	5.	-66
	22c. PHYSICIAN'S NAME (Type)		/	22d. ADDRESS				
_	DR. HAR	KY P. R	OSS	2111192	ERTO-IN	MARYLAND	)	
2	REMOYAL (Specify)	THEREOF	23c. NAME OF CEMETER		ID a	ATION (City, tow	n or county)	(State)
-	A FUNERAL DIRECTOR	-1-6	ADDRESS	CHAPEL 125a. RE	C'D BY REGIS	RAR 25b. REG	ISTRAR'S SIGNA	TURE
1	Jan J. Jan C	1/X	11:11 mm	DATE J		1956	ISTRAR'S SIGNA	ude :.
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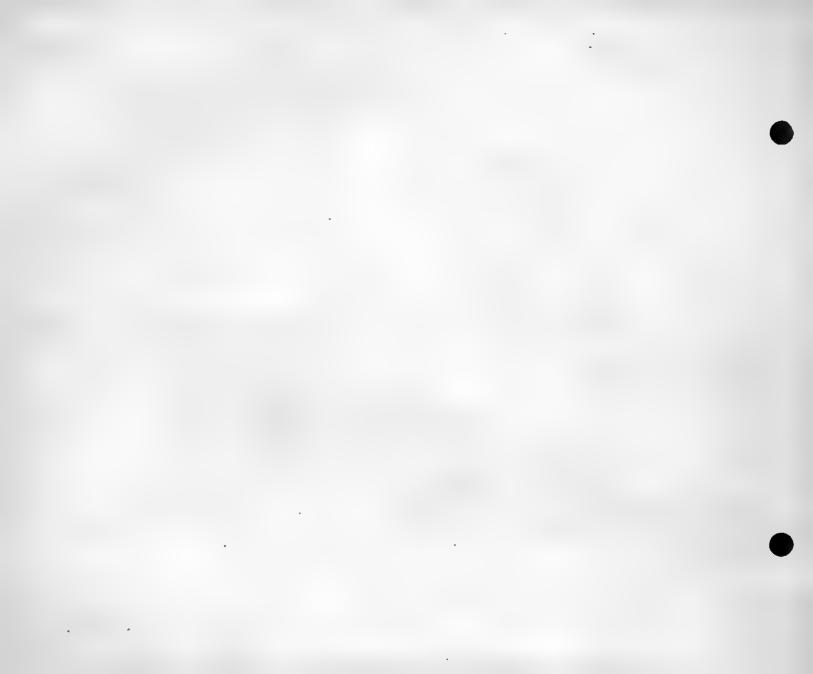


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY Kent b. COUNTY Marvland Kent hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

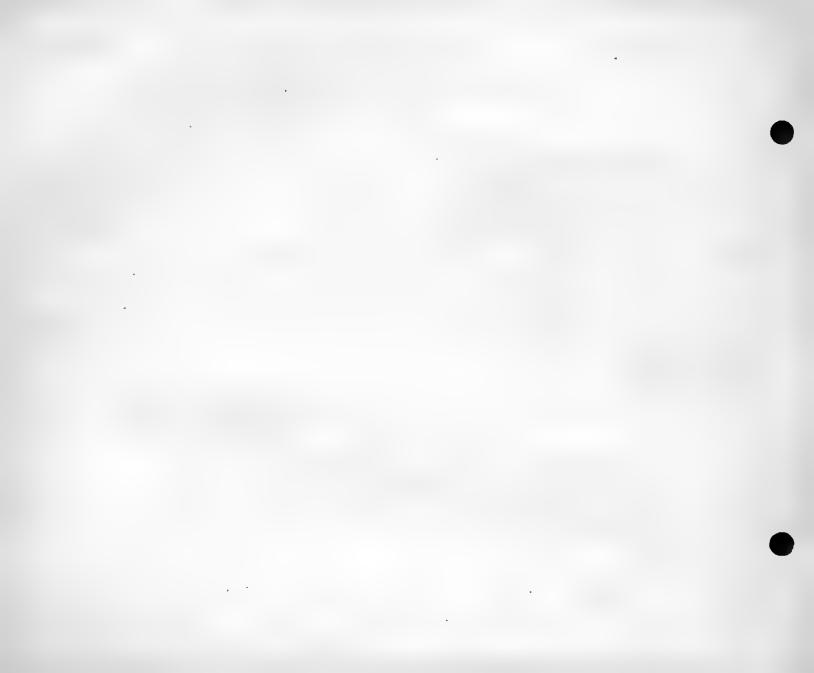
Chestertown C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) bon papers. Pag within 72 hours 1ifetime Chestertown filled in e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS N. Washington Ave. Washington No X completely 1 NAME OF Middle 4. DATE First DECEASED n and complet remove carb n any event, v Walter U. Lusby DEATH July 13 (Type or print) 1966 6. COLOR OR RACE | 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX DATE OF BIRTH 9. NEVER MARRIED last birthday) Months male white DIVORCED Aug. 96 pa. usual occupation (give kind of work done 10b. KIND OF BUSINESS OR Reference Clothing Store (owner) 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 른 attending physician rmit. Then please removaí, and Kent Co. Md death certificate 14. MOTHER'S MAIDEN NAME Joshan Josiah Lusby Emily G. Usilton 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkown) ((fyes give war or dates of service) 17. INFORMANT Address 16. SOCIAL SECURITY NO. ed by the attenctransit permit. Emily L. Davis 44 Chestertown. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH stificate has been signed by ed for use as the burial-transion of Health prior to burial, crem PART I. DEATH WAS CAUSED BY: losmital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last, certificate has WAS AUTOPSY PERFORMED? CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) No I YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OIRECTOR: After this certage 3 should be detached lied with the State Dept. of MEDICAL (State) 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year Hour a.m. Not While be retained by at work at work ATTENDING 1966. that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from 1966, and that death occurred at 2 PM, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE page ATTENDING XX 7/13/66 OIRECTOR \_\_ M.D. **4** may FULLIANT 22d. ADDRESS In FULLIARIE Firector, p Should be f PHYSICIAN'S NAME (Type) Thomas Chestertown, Md. Solon 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 15/66 Chester Cem. Burial Chestertown 25a. REC'O BY REGISTRAR 25b. ADDRESS 24) FUNERAL DIRECTOR Chestertown, Md. VR A15 (4) 15M 4-64



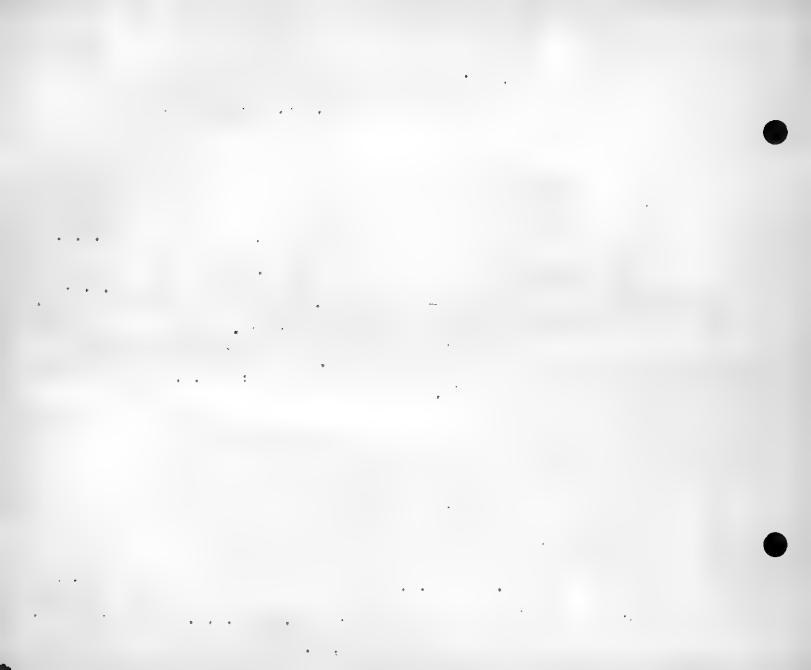
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. and completely filled in by the funeral is remove carbon papers. Pages 1 and 2 in any event, within 72 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Kent MARYLAND Caroline b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Greensboro 11 days Chestertown d STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Kent & Oueen Anne's Hospital YES NO 50 Cedar Lane Road 3. NAME OF Middle Last A DATE Month Day Year DECEASED **OF** Mary MMN Miller 21 19 66 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX DATE OF BIRTH 9. AGE (in years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED П lost birthday) Months Days Hours Female White WIDOWED DIVORCED 3/25/1896 12 CITIZEN OF WHAT 10a LSJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)
Housewffe COUNTRY? pledse INDUSTRY New York City, New York US attending physici germit. Then ple ion, ar removal, a 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Anton Vavia Babry Knakal 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17 INFORMANT Address 216-54-9979 No Hospital Records Chestertown, Maryland burial-transit per burial, cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (r)) the PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause has been as the priar tal WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) FICATION NO D O FUNERAL DIRECTOR: After this certificate for 20g ACC DENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II af item 18.) detached f te Dept. af I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour a.m factory, street, affice blda, etc.) Not While at work at work 21. I certify that (I) (this haspital) attended the deceased fram . 19 66 to 7/21 , 19 66, that (I) (we) last be retained saw the deceased alive on 7/21/66 ... and that death accurred at M. fram causes and an the date stated above. director, page 3 sha should be filed with 22a. SIGNATURE 22b. DATE SIGNED M.D DIRECTOR PHYS. 22d. ADDRESS 22c. PHYS!CIAN'S NAME (Type) Dr. A. T. Keefe Chestertown, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION 23b. DATE THEREOF (County) (State REMOVAL (Specify)
Burial -24-66 Greenshoro ADDRESS 2Sq. REC'D BY REGISTRAR FUNERAL DIRECTOR 1966



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 haurs after death and completely filled in by the funeral ave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a. STATE MARYLAND Kent Maryland K. CITY OR TOWN (If autside carparate limits, write ite RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 16 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. SIREET ADDRESS e IS RESIDENCE ON A FARM? YES NO X Kent & Ougen Anne's Hospital remave carban 3 NAME OF Middle Last 4 DATE Manth Day Year DECEASED OF DEATH BOY NORTHOFF (Type or print) JNDER 24 HRS. Male 6 COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years IF LINDER 1 7 MARRIED NEVER MARRIED X last birthday) Manths Days 7/13/66 WIDOWED DIVORCED 10a JSJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? None Kent, Maryland
14 MOTHER'S MAIDEN NAME None U.S 13. FATHER'S NAME Edward Ernest Nordhoff Lynn Elise Buyali IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give war ar dates of service) No Mrs. Edward Ernest Nordhoff Rock Hall, Md None crematian, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) signed by physician. DUE TO burial, Canditians, if any, which gave rise to immediate cause (a), DUE TO r this certificate has been sidetached far use as the b stating the underlying couse attending PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? CERTIFICATION NO Page 4 may be retained by the hospital or 20a ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (State) 20c. TIME OF INJURY Month. Day. Year (County) Haur a.m. factory, street, affice bldg., etc.) Nat While at work O FUNERAL DIRECTOR: After at work 19 \_\_\_\_, to. 21. I certify that (1) (this hospital) attended the deceased from , 19\_\_\_, that (I) (we) lost director, page 3 shauld shauld be filed with the M, fram causes and on the date stated above and that death occurred at\_\_\_ saw the deceased alive on, 22b. DATE SIGNED 22n. SIGNATURE M.D. DIRECTOR PHYS 7/13/66 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Chestertown . Md 23a. BURIAL, CREMATION 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 256. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b REGISTRAR'S MGMATURE VR A15 (4) Marilen 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) b. CDUNTY Kent a. STATMaryland Kent County, Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) R.F.D.Chestertown, Maryland Lifetime d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State hours NO T YES NAME DE Middle Last DATE Month Day Year DECEASED 1966 Wilbert Leroy Thomas (Type or print) DEATH 6. COLOR OR RACE | 7. MARRIED AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | Months | Days | Hours | Min. DATE OF BIRTH NEVER MARRIED Male Colored WIDOWED . DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary E. Jones Edward Thomas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? R.F.D. 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes nive war or detes of service) Chestertown, Md. 215-26-5530 Mrs.Rosie Blake 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ]
PART I. DEATH WAS CAUSED BY: Natural but unknown cause. INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), He is said to have had a generalized seizure earlier in the day. Was brought to the hospital Conditions, if any, which DUE Temergency room at about 10:30 P.M. geve rise to immediate He was dead cause (a), stating the arrival. on underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTDPSY CERTIFICATION PERFORMED? YES ND T DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 모든 3 shout agent, p MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 12De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and In my opinion FUNERAL DIRECTOR: Health or its design Undetermined manner | X Natural causes ... Accident . Suicide Homlcide death resulted &com: CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE for DEPUTY MEDICAL EXAMINER **EXAMINER'S** director. retained Robert W. Farr M.D. Address (Street, city, town, or county) Chestertown, Md. NAME (Type) 23d. LOCATION (City, town or county) esterio DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23b. 0 REMOVAL (Specify) D. Sandy Bottom Burial 24. FUNERAL DIRECTOR REC'D BY REGISTRAR I VR ALSME (5) DATE JUI Chestertown.Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death. and deag PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE by the fu Pages 1 MARYLAND MARYLAND c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH DF STAY IN 1b life write RURAL and give nearest town) adult ician and completely filled in by lease remove carbon papers. Pag and in any event, within 72 hours CHESTERTOWN CHESTERTOWN 99 DAYS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES ND X HOSPITAL executed within Month Day 3. NAME DE First Middle DATE Year Last 4. DECEASED OF DEATH MARGARE1 LCLLER 19 (Type or print) NALBER' AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. **NEVER MARRIED** 7. MARRIED X WIDOWED **DIVORCED** 2-19-1898 and the physician a t. Then please re removal, and in a 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR HOUSE, IFE OUEEN Annes Co. Maryland AMER certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHARLES E. ELLIOT MARGARET LOLLER 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? this certificate has been signed by the atten detached for use as the burial-transit permit. e Dept. of Health prior to burial, cremation, or i (Yes, no, or unkown) (If yes give war or dates of service) The law requires that the death CHESTERTOW. HOSPITAL REJORDS unk INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO stating underlying cause last. WAS AUTOPSY 119. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PRELATED TO THE NAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO 7 YES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INITIRY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) (County) (State) MEDICAL 206. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) be de State Hour a.m. While Not While TO FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State at work at work be retained 19 66 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 19 66 and that death occurred at 12 10 M, from the causes and on the date stated above. saw the deceased alive on. DATE SIGNED 22b. 22a. SIGNATURE ATTENDING PHYS. STAFF M.D. PHYS. Page 4 may 1 22d. ADDRESS PHYSICIAN'S 22c. NAME (Type) CHESTERTONN MARYLAN 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) DATE THEREOF BURIAL, CREMATION, 23b. Chestertown, Chester Cemetery /66 4 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR Chestertown, Md. 66 VR A15 (4) 15M 4-64



1	MARYLAND STATE DEPARTMENT OF HEALTH  Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	10033 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10031
HEALTH DEPT	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where Deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY b. COUNTY
Sea te	b. CITY OR TOWN (If outside corporate limits,   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL end eve nearest town)
necessary, the funeral 5 may be parkment to receive the formal to receive the formal to receive the receiver	(Lististon) 'day Cheverly
- 10-V	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gife street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM!
nd 3 to 1 Page State D hours at	Wells Funeral Home, High St.  3. NAME OF DECEASED  Solution A DATE Month Day Year OF DECEASED  Wells Funeral Home, High St.  YES NOW YEAR OF DAY YEAR
2, a PM3 PM3 72	(Type or print) Ellen Jennelle Walker DEATH / 3 1960
P. If form within	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  White WIDOWED DIVORGED Opin 14, 1966 99. AGE (In years   FUNDER 2 YEAR   FUNDER 24 HRS.   Min.   Min.
de Properties de	10a, USUAL OCCUPATION (Give kind of workdone   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT   13. CITIZEN OF WHAT   13. CITIZEN OF WHAT   14. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT   13. CITIZEN OF WHAT   13. CITIZEN OF WHAT   14. BIRTHPLACE (State or foreign country)   13. CITIZEN OF WHAT   14. BIRTHPLACE (State or foreign country)   14. BIRTHPLACE (State or foreign country)   15. CITIZEN OF WHAT   15. CITIZEN OF
aft.	13. FATHER'S NAME
	William Walker Jane Ford
n 24 in 19 s Off	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)  16. SOCIAL SECURITY NO. 17. INFORMANT  4. Donglas Find  Jeward Mill.
uted within ("in pencil in Examiner's nait permit.") asit permit.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  INTERVAL BETWEEN ONSET AND DEATH  ONSET AND DEATH
ecute ng'' i al Ex ransi on, o	DUE TO
uld be executed "pending" in if Medica! Exan burial-transit i cremation, or i	Conditions, if any, which gave rise to immediate (b)
ould "ief N nief N nief N s a bu	cause (a), stating the DUE TO underlying cause last.  (c)  1. D. U. (Infant death, undelly mideaux)
ficate sho the worn to the Chi used as to burial	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
rtifica in the ti be us	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMED?  Quality of the purpose of finite graphs from the performed of the p
R: This certificate, writing forwarded to 3 should be agent, prior 1	
LEXAMINER: This certificate should be executed the certificate, writing the word "pending" in should be forwarded to the Chief Medical Examfiles.  TOR: Page 3 should be used as a burial-transit plesignated agent, prior to burial, cremation, or resignated agent,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While at work at
XAMINE certific culd be es. R: Page ignated	and the state of t
the short file CTOR design	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
MEDIC ecute Page or you or you or its	ACTUAL SIGNATURE CILENT W. FOR M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
UTY North Port Ped for ed for ERAL	EXAMINER'S ROBERT WI FARR M.D. Charles Street, City, town, or county) End 6.
DEPUTY lease ex irrector. etained f FUNERAL	23a. BURIAL CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR SEEMATORY   23d. LOCATION (City, town or county) (State)
TO DEPUTY MEDICAL EXAM please execute the certained for your files. TO FUNERAL DIRECTOR: Page 4 should retained for your files.	24. FUNERAL DIRECTOR  ADDRESS  25a. REC'D BY REGISTRAR'S SIGNATURE
VR A15ME 3500 4-64	Gasch's Furreral Home, HvaTtsville Mel DATE JUL 11 1966 governes Judge
0300 4704	



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10	MARYLAND STATE DEPARTMENT OF HEALTH
(M)	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, CERTIFICATE OF DEATH
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hours after death d in by the funeral rs. Pages 1 and 2 2 hours after death	a. CDUNTY Kent MARYLAND B. COUNTY Queen Awhee
s aft by th Pages irs aff	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
ours in b	Chestertown 2 days 9hos (entreville Route)
filled papers in 72 h	ON A PARIMI
rithin 24 1 etely filled bon paper within 72	
	3. NAME DF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) BABY GIRL WISON DEATH Jaly 30 37 19 66
comple ve carl event,	5. SEX   6. CDLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In. years   IFUNDER 1 YEAR   IFUNDER 24 HRS.
and co	Female Negro WIDOWED OIVORCEO 7-27-66 yrs. 10018 7 9
lan se r	1Da. USUAL OCCUPATION (GIVE kind of work done 10b. KIND DF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ate be hysician please il, and in	13. FATHER'S NAME (14. MOTHER'S MAIOEN NAME) (4.5.
certifica dine ph Then Temova	6 7
5 5 5	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address
atter atter	(Yes, no, or unkown) (If yes give war or dates of service)
e dea the a it per	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]
es that the death hysician. signed by the att urial-transit perm urial, cremation, o	PART I. DEATH WAS CAUSED BY: I'M IN W Testy Gast a tron 27 week 3 day
s that which is the same of th	176X DUE TO
uires the physical signal sign	Conditions, If any, which gave rise to immediate (b)
aw requil ttending p has been as the b prior to b	cause (a), stating the DUE TO underlying cause last. (c)
The law requires that the death or attending physician. The has been signed by the attent is as as the burial-transit permits alth prior to burial, cremation, or	
la The al or ficate for us Healt	₹ YES NO □
d Titi	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
HYSICIA ne hospi this cert etached Dept. of	
_ <del>_</del> — —	Hour a.m. While Not While factory, street, office bidg., etc.)
ATTENDING F retained by t ECTOR. After 8 should be o with the State	21. I certify that (I) (this hospital) attended the deceased from 7-27, 19 66 to 7-30, 1966, that (I) (we) last
y be retained I DIRECTOR: Afficient	saw the deceased alive pn 2-30 1966, and that death occurred at 125M, from the causes and on the date stated above
	22a. SIGNATURE 22b. DATE SIGNED 22b. DATE SIGNED 22b. DATE SIGNED 22c. DAT
AL DI DI DI DI Page filec	ATTENDING MED. STAFF DIRECTOR
FOR HOSPITAL OR Page 4 may be for FUNERAL DIRECTOR, page should be filled	NAME (Type) P. P. Layton Centreville, med
HO Jage	23a. BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
2 2 2 0	Cett , Cetter Courts 18 11
We are in The	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4)	K. W. Marion allower valor DATE AUG 2 1866 Johnstey Judge
	6 = 4 14 6 2 2

